

DATE: **DRAFT**\_\_\_\_\_

## CRITERIA FOR PRIOR AUTHORIZATION

Appropriate NDC Code  
(Item or Procedure Here)

Hypoglycemic agents  
(Item or Procedure Here)

**PROVIDER GROUP:** Pharmacy

**MANUAL GUIDELINES:** The following drug(s) requires prior authorization:  
Insulin human [rDNA origin] inhalation powder (Exubera®)

**CRITERIA:** (must meet all of the following)

1. Patient must have a diagnosis of diabetes and be at least 18 years old.
2. Patient must **not** have any of the following conditions: asthma, COPD, chronic bronchitis, unstable or poorly controlled lung disease, or history of smoking within the last 6 months.
3. FEV<sup>1</sup> measurements > 70% predicted prior to initiation of therapy.
4. Patient must have a history of treatment failure with SC insulin due to non-compliance or inability to self administer SC insulin injections or medical intolerance to SC insulin injections
5. Patient must be monitoring blood glucose levels regularly.
6. Type 1 diabetics must maintain concomitant use of a longer acting insulin.

Prior Authorizations will be approved for 6 months. Renewals will be approved for 1 year based on pulmonary function ( FEV<sup>1</sup>), non-smoking status, and drug therapy compliance.

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Drug Utilization Review Committee Director

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Pharmacy Program Manager,  
Division of Health Policy and Finance

Date \_\_\_\_\_

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